

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 30 Primary Registration District No. 5180 Registrar's No. 5

STATE FILE NUMBER

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Warren

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Rural Route C.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Camden

c. CITY
OR TOWN

Eldridge Rural Route

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Route C

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary

Jane

Bell

4. DATE
OF DEATH

Month

Day

Year

Feb.

1.

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

May 22-59

9. AGE (last birthday)

102

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-Wife

10b. KIND OF BUSINESS OR INDUSTRY

At-Home

11. BIRTHPLACE (City and state or country)

Camden County Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Black

13b. MOTHER'S MAIDEN NAME

Tilda Garrison

14. NAME OF HUSBAND OR WIFE

J. C. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Address

James C. Bell, Eldridge Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH ONLY CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary paralysis

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypostatic pneumonia

1 wk

DUE TO (c)

Fracture of hip - long period of bed confinement

3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year,

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to Death and last saw her alive on 9/2/1959Death occurred at 6:40 Feb 1, 1962 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Kenneth E. Witekman D.O.

Camdenton Mo

2/2/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb. 3-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Horb Cemetery

23d. LOCATION (City, town, or county)

Camden County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Robert H. Reed, Camdenton Mo.

25. DATE RECD. BY LOCAL REG.

Feb-2-1962

26. REGISTRAR'S SIGNATURE

Montie Trawl. Deputy.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.